United Nations E/CN.3/2004/4

# Economic and Social Council

Distr.: General
17 December 2003

Original: English

**Statistical Commission**
**Thirty-fifth session**
2-5 March 2004
Item 3 (c) of the provisional agenda*
**Demographic and social statistics: health statistics**

## Report of the Friends of the Chair on health statistics

### Note by the Secretary-General

In accordance with a request of the Statistical Commission at its thirty-fourth session,** the Secretary-General has the honour to transmit to the Statistical Commission the report of the Friends of the Chair on health statistics. The Commission may wish to comment on the recommended actions contained in section VII of the report.

* E/CN.3/2004/1.
** See *Official Records of the Economic and Social Council, 2003, Supplement No. 4* (E/2003/24), chap. I.A.

03-66265 (E) 140104

# Report of the Friends of the Chair on health statistics

## Contents


| | | *Paragraphs* | *Page* |
|---|---|---|---|
| I. | Introduction | 1–5 | 3 |
| II. | Background | 6–12 | 4 |
| III. | Areas of mutual interest | 13–23 | 6 |
| | A. Health surveys | 14–19 | 6 |
| | B. Development of core health indicators | 20–23 | 7 |
| IV. | Framework of official statistics and role of the national statistical offices | 24–34 | 8 |
| V. | Requirement for technical resources | 35–37 | 10 |
| VI. | International/national databases | 38–40 | 11 |
| VII. | Recommended actions | 41–43 | 11 |
| Annex | | | |
| | Issues to consider as part of a memorandum of understanding between the World Health Organization and the Statistical Commission | | 13 |

# I. Introduction

1. In its report on the work of its thirty-fourth session, the Statistical Commission took the following action related to agenda item 3 (b), entitled "Health statistics". The Commission:

(a) Expressed concern about the lack of consultation, coordination and collaboration between the World Health Organization (WHO), on the one hand, and national statistical offices, and regional and international organizations, on the other;

(b) Emphasized that the responsibility for primary data collection lies with countries, who report aggregate statistics to international organizations, while international organizations assist in the development of statistical standards and provide technical support to countries;

(c) Reiterated the need for:

(i) Transparency and openness in the methods used to compile and generate health statistics;

(ii) Coordinated use of the existing sources of health statistics available in national systems;

(d) Expressed support for the work of WHO on the WHO Family of International Classifications, and requested guidelines on the preparation of national health accounts;

(e) Proposed that guidelines be prepared on implementing the automated coding system for recording cause of death;

(f) Requested WHO, in collaboration with the United Nations Statistics Division and other relevant bodies of the United Nations system, to explore alternative methods of estimating the prevalence of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS);

(g) Also requested that a group of Friends of the Chair be created to examine coordination among international organizations and between international organizations and national statistical offices in the production and dissemination of health statistics, recommend actions to be taken for improvement and report back to the Commission;,

(h) Further requested that the sub-item entitled "Health statistics" remain in the agenda of forthcoming sessions of the Commission.[1]

2. The group of Friends of the Chair was created with the following membership: Botswana, Canada, India, Mexico, New Zealand, United States of America and Norway (Chair). The terms of reference of the group, as formulated by the Chair, were:

- To examine coordination among (a) international organizations and (b) between international organizations and national statistical offices, in the production and dissemination of health statistics. Internal cooperation and coordination within the countries should also be addressed.
- To seek mechanisms for closer collaboration and consultation on health statistics in the national and international statistical community.

3. It was clear from the discussions in the Statistical Commission at its thirty-third (2002) and thirty-fourth (2003) sessions and from discussions elsewhere, including in the context of the Economic Commission for Europe (ECE), that a large number of national agencies have serious concerns regarding the lack of consultation and cooperation of WHO in some important areas of health statistics. Although other international organizations are also involved in the production of health statistics, the discussions at the most recent sessions of the Statistical Commission related to WHO. The group of Friends of the Chair has therefore focused on WHO in the present report, but the general observations and conclusions are of course of relevance for its relationship with other international organizations as well.

4. The objectives of the Friends of the Chair-process are to propose actions that will improve the coordination, and possibly provide a framework that helps to clarify the position and standing, of providers and users of national and international health statistics. Clarification of these positions will give direction to discussions with partners that share an interest in health statistics. Who will fulfil which role, and what sort of new rules will govern the relationships and guarantee relevance, quality, accessibility and affordability of health data should be points of discussion. The report may therefore also serve as a background paper for a possible memorandum of understanding between WHO and the Statistical Commission.

5. In its work the group of Friends of the Chair has welcomed the frank and constructive discussions with the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Statistical Office of the European Communities (Eurostat), WHO and ECE. In particular, we have established a good working relationship and mutual understanding with WHO, which has contributed constructively to the process.

## II. Background

6. WHO has undertaken several important new initiatives related to health statistics over the past decade, and it should be commended for addressing these pressing issues. These activities have included: launching the World Health Survey, which in some countries has fostered more active interaction between the Ministry of Health and the national statistical office; identifying, analysing and proposing means to address the very serious issues of cross-cultural comparability of health status measurement; and developing and estimating a handful of summary indicators. Recently the focus on the Millennium Development Goal indicators has led to closer cooperation between WHO and other United Nations agencies.

7. However, some of these activities have lacked coordination between WHO and both the international statistical community and the national statistical offices. International progress is achieved in a manner that delivers suboptimal outcomes when viewed at the individual country level from the broader perspective of integrated economic and social statistics. All parties would benefit if there were closer coordination and cooperation so as to take advantage of each party's unique strengths. We believe that the expertise and perspectives that national statistical offices can bring to the discussions around major international health statistics initiatives will complement rather than duplicate the WHO sources of expertise.

8. National statistical offices and international organizations have different but complementary missions. Organizations working at the global level have to keep in view both the needs of developed countries, many with established statistical systems on health, and those of developing countries, with different needs, when building systems and planning resources and guidance. International organizations need to be concerned with investigating and improving comparability and adherence to standards. This is the purpose of international exchange and collaboration. It can potentially lead to increased knowledge and understanding of all concerned.

9. National statistical offices and ministries are primarily concerned with the needs of the country. While international comparability of data is of concern, comparability of data over time is often of greater importance at the national level. International surveys are typically designed to address different international concerns and may have only limited relevance for policy makers and researchers within individual countries. From the perspective of a national statistical office, it will almost always be the case that national requirements must be able to be addressed first and foremost, and accommodation of international needs should be seen as an important but secondary priority. Nevertheless, it is recognized that it is in the national interest to have good internationally comparable statistics and that additional benefits can be derived from adapting international requirements where they are relevant. In this way national statistical offices can achieve greater benefits for themselves and their country as well as contribute to international developments.

10. A more fundamental difference between international organizations and national statistical offices lies in their general approach to statistics. Programmatic international organizations normally consider statistics as primarily an instrument for those who have to prepare, implement or evaluate health policies. National statistical offices, on the other hand, view official statistics as a multi-functional public good which addresses the need to inform policy but also takes into account the interests of the general public and an informed society. The same difference in approach emerges at the national level between producers of official statistics and user ministries. Their activities do not necessarily include data collection or setting standards for official statistical purposes as a primary function, which are both core activities that take place, at the national level, under the umbrella of statistical legislation that normally enshrines the fundamental principles of official statistics (see para. 25 below).

11. From a national perspective, health statistics are part of the broader range of the official statistics of a country, and this should form the basis for further work between the Statistical Commission and WHO. This integration of the health data collected within the total national system of official statistics will not only maximize the value of the data, but will also limit the response burden on citizens and businesses.

12. It is hoped that with the Commission and WHO working together, both national and international needs will be able to be met in the most cost-effective manner. Thus, the aim of the group of Friends of the Chair is to increase collaboration.

# III. Areas of mutual interest

13. There are several areas where WHO and national statistical offices could benefit from collaboration: data collection; data analysis; reporting of statistics; and capacity-building. While individual national statistical offices might want to foster stronger collaboration in research activities, the more formal collaboration will focus on the collection, analysis and reporting of official statistics. The Friends of the Chair recognize that at present the principal, and often the only substantive relationships WHO maintains within countries are with the ministries of health. For this to change, as is being proposed by the Friends of the Chair, consultation with the ministries of health would be essential. An important point for further discussion will therefore be the development of better communication channels between all parties — the national statistical offices, the ministries of health, WHO and the United Nations in general — with one important outcome an agreement that WHO will consult with both the national statistical offices and the Ministry of Health at the same time. In proposing this approach, we note that some other international organizations seem to have succeeded in working in this manner in their field of competence.

## A. Health surveys

14. WHO has a long tradition of developing international standards, concepts and classifications in health, such as ICD-classification, ICF-classification, etc., which are widely used in the international community. Recently, WHO has expanded its work into the areas of monitoring the health of a population, assessing the performance of health systems and constructing measures for burden of disease statistics (DALY, YLL, YLD and HALE). These activities are also consistent with developing systems and standards to help member States monitor the situation in the respective countries. However, it is the view of many other interested parties that initiatives undertaken to date have generally involved insufficient consultation with the broader national or international communities with a strong interest in health statistics. Organizations like Eurostat and WHO-Euro have done extensive work in closely related areas, and many countries have already established systems for health monitoring (national health surveys) that partly overlap with WHO-Geneva's plans.

15. The system WHO has launched contains indicators of the population's health level and utilization of health services. For these systems data input is needed. This work has proceeded quickly, and has partly been undertaken in parallel with ongoing work in other organizations to establish a system of comparable health indicators. When presenting its system, WHO has been using data that has been questioned subsequently by different countries. There has been, for instance, uncertainty as to which sources have been used as estimates for the different countries. Following the *World Health Report 2000*, WHO has made efforts to improve the data input and launched a World Health Survey, which is a ready-made survey for adoption by member States. There have been discussions and consultations on the quality of the Survey as well as some of its methodological aspects, but the discussion has mainly been within the WHO system, with limited involvement of the community of official statisticians.

16. In their efforts to improve the data input, WHO sought to use the health ministries in member States as collaboration partners. This approach has had different effects across the member States, depending upon the degree of linkage between the Ministry of Health and the National Statistical Office. In some countries the data collection has been conducted by private institutions, and in others by the national statistical offices or other agencies so instructed by the Ministry of Health. As a result of the limited involvement of national statistical offices in much of this work, there have been insufficient methodological discussions or discussions on the coordination of some of the statistical material on health that is already being collected at the national level and compiled and assessed at the international level.

17. When a specific data collection is dependent upon funding by ministries or other external bodies, without the close cooperation of the national statistical offices, it is difficult to ensure that the data will be consistent with the broader guidelines, standards and methods of official statistics. The effects of the changing preferences of funding actors with regard to instruments used, methodology and questionnaires can lead to fragmented statistics in the field and hamper the possibility of attaining comparable statistics over time.

18. The view has also been expressed by members of the Statistical Commission and others that a strategy that involves consultation with both the national statistical offices and the ministries of health would be more effective in building knowledge and competence in the long term, particularly with regard to developing and refining the methodology. This could improve both the quality and the usefulness of the surveys, enable coordination with other national health and social surveys and improve management of the response burden on the community.

19. Other international and regional organizations have been involved in a more step-by-step approach, in close collaboration with member States, to developing a set of comparable indicators in the health domain, for example, by harmonizing national health survey data (Eurostat,[2] WHO-Euro) or agreeing on standards and methods for disability data collection (Washington Group[3]). Efforts have also been directed towards developing a set of recommended instruments for data collection in the health domain. The intention is that member States in time will integrate these recommended instruments in their already established national health surveys or use them when setting up new surveys. Because this approach is based on building a census through voluntary activities, it will necessarily take time to construct a system that covers all health domains. Other options might be needed to meet short-term objectives, but these strategies must be coordinated with national data collection systems if they are to be sustained. It should also be taken into consideration that harmonization may not be sufficient for cross-country comparability.

## B. Development of core health indicators

20. WHO has announced that it will develop a strategy for the long-term development of core health indicators to gradually identify essential indicators for health and health system performance, which will include information on risk factors, disease interventions and health outcomes. The indicators are meant to inform health policy and programmes, and will respond to five different quality criteria.

21. To achieve success, it is essential that the activity involve member States, and include both the health ministries and the statistical agencies, in designing the project and in selecting the quality criteria. The selection of indicators is of major importance to national systems and it is imperative for national statistical offices to be actively involved in this process. In many cases it will be the policy makers that are competent to determine *what* should be measured, but it is crucial that the *how* part of the measurement should be developed in close cooperation with the subject-matter experts and statisticians representing the official statistics community. It is clear that as long as indicators are meant to be authoritative, the fundamental principles of official statistics (see para. 25 below) are applicable for all work linked to indicators, and especially to the methodological work as the core of the decisions about how certain aspects should be measured.

22. Seventeen of the 48 Millennium Development Goal indicators are concerned with health, of which at least 7 are jointly reported with other agencies, the United Nations Children's Fund (UNICEF) in particular. WHO has the main responsibility at the international level for providing the indicators concerned with health, but much of the data has to come from sources available to national statistical offices, ministries of health or other international organizations, such as UNICEF and the joint United Nations Programme on HIV/AIDS (UNAIDS). WHO has not passed data directly from UNICEF and UNAIDS to the United Nations Statistics Division, but has instead asked each country to comment on data that refers to them. Unfortunately, experience shows that some of the current data is so unreliable that WHO will not transmit it to the Division. National statistical offices can provide assistance in the evaluation of current data and the development of improved sources.

23. In addition to what has been stated above, it is essential for WHO to consult with the national statistical offices, in their role of professional and independent partner, in deciding the reliability of data and in establishing other relevant data sources. Where poor-quality data is revealed, the challenge for WHO and other international organizations is to develop and refine the methodology used, taking into account the relevant standards, concepts and classifications.

## IV. Framework of official statistics and role of the national statistical offices

24. Many of the statistical activities of WHO would benefit if they were undertaken within the framework of official statistics and in collaboration with national statistical offices. Statistics published in the *World Health Report* should be considered within this framework.

25. In April 1994, at a special session, the Statistical Commission adopted the fundamental principles of official statistics. This framework covers important areas such as work on classification, definitions of indicators and related methodological work leading to standards, data collection, confidentiality, dissemination, transparency of methods, coordination, professional independence, and burden to data providers, and more generally, on the understanding of what official statistics is in a modern society.

26. At the second session of the Committee for the Coordination of Statistical Activities (Geneva, September 2003),[4] the heads of statistics of the international agencies agreed to draft a "mission statement" or "declaration of principles", which would codify issues such as: confidentiality; need for user consultation; need for cooperation; drive for effectiveness and efficiency; avoidance of duplication; staff development and professional standards; statistical integrity; and statistical organization. The Committee appointed a drafting committee and asked it to prepare a first outline of the declaration of principles. These principles, like the fundamental principles of official statistics, will provide further guidance to international agencies, including those concerned with health statistics.

27. The framework of official statistics has important consequences for the adoption of statistical standards. The WHO Assembly, which is composed of policy makers, is given the authority to adopt a statistical standard of the relevance from the policy point of view, but not from that of a professional statistician. Therefore, in any future arrangements for the development of standards for official statistics in the area of health, WHO should maintain close cooperation with the community of official statisticians in all stages of the preparatory work. Although the standards would still be formally adopted by the WHO Assembly, as is currently the case, the group of Friends of the Chair believes it essential that the Statistical Commission should either formally or de facto be involved in endorsing the standard prior to its final adoption by the WHO Assembly. This needs further consideration.

28. Sometimes the statistical legislation assigns the production of official health statistics to a Ministry of Health, or an institute of health research operating under such a ministry, so that the official statistics ultimately will have to originate from that source. The role of the national statistical offices in such a situation, when they are not at all or only partially involved in producing the official data to be communicated to international organizations, should be to ensure that the reporting is coordinated and that the quality is assured or at least documented appropriately. In its coordination efforts, the national statistical office, as the focal point of the entire national statistical system, has a professional duty to ensure that the best available official data are sent regardless of the source, and that they are associated with sufficient metadata, including quality measures.

29. The involvement of national statistical offices will ensure that the system functions in the concrete context of transmitting new health data. The national statistical office is able to assess data quality and compare results from different sources from a purely professional and objective point of view. This is an internal challenge for countries, and the solution in the area of health statistics is for national statistical offices and ministries of health to work closely together.

30. The issues that have arisen between WHO and the community of official statisticians have resulted from the fact that WHO engages with ministries of health not primarily as producers of official statistics, but as users of official statistics. This approach implies that it is the user who is best able to assess which data are the most suited for the international reporting. Given their other functions, including as possible producers of official statistics, health ministries may have to take into account other considerations in their determination of the most suitable figures to send than would be the case for a statistical office in its professional capacity as leader of the official statistical system. Excluding the national statistical office from performing this function negates its role as guarantor of the integrity of the system

of official statistics in an important segment of the dissemination, the transmission to international organizations, or as producers of surveys that will lead to official results.

31. The current difficulty, as referred to in section III above, is that the principal relationships WHO maintains within countries are with the ministries of health. The group of Friends of the Chair is proposing moving towards a system where WHO and other international organizations, whenever they want to collect national authoritative data originating from official statistics, or even invite official statistics to produce additional data that are currently not available, address:

- Either the national statistical office, allowing the national statistical office to disseminate their request to other producers where relevant, or
- The official producer of statistics in a given area, with simultaneous copy to the national statistical office.

The principal contact in the country, the Ministry of Health in the case of WHO, should of course also be kept informed.

32. Other important aspects of the fundamental principles are the right of the national users and the public to have simultaneous access to results and the confidentiality issues that might arise if microdata have to be transmitted to an international organization like WHO that, unlike Eurostat, has no legal framework equivalent to national confidentiality provisions in official statistics legislation.

33. In view of the geographical area the international/global organizations cover and the issues they address, they will normally face a need for more finely tuned regional frameworks that take their structural differences into account, while still working to remain harmonized and standardized with concepts, definitions and classifications agreed upon for global indicators of health. In this context it is worth mentioning that there is ongoing cooperation between WHO and ECE through the Conference of European Statisticians, the Bureau of the Conference, and the Integrated Presentation of International Statistical Work Programmes in the Region of the Economic Commission for Europe. This framework includes a regular biennial review of all subject areas by the Bureau.

34. Finally, we consider that it is essential that WHO and the Statistical Commission find ways to involve the international statistical community and national statistical offices in the collection, analysis and transmission of data that will be reported to WHO and reported in the *World Health Report* and similar publications.

## V. Requirement for technical resources

35. There is a great variability across nations in the need for health information and in the resources available to meet those needs. The interaction between WHO and the national statistical offices will need to take this variability into account. It may be necessary to develop regional solutions for some problems. Considerable attention will need to be paid to technical assistance and capacity-building in many countries. For example, in many countries there are data gaps on prevalence/incidence rates of important communicable/non-communicable diseases. It is therefore necessary to undertake periodic surveys to determine the

prevalence/incidence rate for various diseases. This is a cost-intensive undertaking in most developing countries. A mechanism needs to be developed for data capture on prevalence/incidence rates of important communicable/non-communicable diseases at the national and subnational levels.

36. Other needs to be addressed include those for developing the skills of general survey investigators and suitable survey instruments. Guidelines should be developed and provided, and in several countries, especially developing countries, there is a demand for international agencies such as WHO to put in place a coordination mechanism between international organizations and national statistical offices to fulfil these requirements and provide technical guidance.

37. It will be important for WHO and the international statistical community to incorporate these kinds of needs into the planning and implementation of internationally comparable health statistics.

## VI. International/national databases

38. International organizations and a number of national statistical offices have databases on health status from which it is possible to extract data. The question is what is found where, and how international organizations should establish a clearer "division of labour" regarding the contents of these databases.

39. Access to microdata is another issue. Even at the national level, this is a difficult and complex challenge everywhere, and the establishment of international microdata sets is even more complicated. However, the key issue of creating international microdata sets and making them available to the international research community should be addressed.

40. In some instances there is an overlap, and national statistical offices often face double reporting, even though the coordination between the international organizations in this field has improved in recent years. Exchange of data between the international organizations can, however, raise questions of "sovereignty" or control of data utilization on behalf of member States. Another issue that has been raised concerning the use of international databases is that potential users might have a need for "tailored" data and/or ad hoc data. The more detailed the data in the database, the greater the opportunity to tailor the data for a specific use (such as the WHO database WHOSIS, on causes of death).

## VII. Recommended actions

41. **A memo of understanding between WHO and the Statistical Commission should be elaborated. Some of the issues to consider as part of such a memo of understanding are listed in the annex to the present report. The declaration of principles that is being developed by the Committee for the Coordination of Statistical Activities should also serve *as an input to this work*. A working group with representatives of WHO and the United Nations Statistics Division should also be set up.**

42. **Closer cooperation at the regional level should be promoted. The WHO regional offices and other international organizations working in the area**

**should engage in joint meetings with the national statistical offices and the ministries of health in a way that encourages mutual understanding and collaboration.**

43. **A working group involving representatives of WHO, the United Nations Statistics Division, national statistical offices and ministries of health should be set up to explore the challenges of establishing international microdata sets in the health sector.**

*Notes*

[1] *Official Records of the Economic and Social Council, 2003, Supplement No. 4* (E/2003/24), chap. II.B, para. 4.

[2] During recent years, the statistical programme of the European Union (EU) has been extended to cover health statistics. The Community Statistical Programme 2003-2007 places emphasis on the collection, analysis and dissemination of the statistical data needed for EU health indicators.

[3] The Washington Group on Disability Management has set up a regular programme of work for planning the next round of census and survey questions on disability that will build upon already existing international agreements on definitions, concepts and classifications. The United Nations Statistics Division is initiating activities to monitor progress in the development of such agreed measures through the use of the *Demographic Yearbook* data collection system.

[4] For the report of the Committee on its first and second sessions, see E/CN.3/2004/29.

# Annex

## Issues to consider as part of a memorandum of understanding between the World Health Organization and the Statistical Commission

### General

1. The fundamental principles of official statistics should form the basis of official health statistics.

2. Better collaboration between the World Health Organization (WHO), other international organizations and the different national agencies involved in health or health-related statistics should be acknowledged as a major challenge and essential for achieving consistency and efficiency in the statistical system. Health information systems in many countries appear to be fragmented and the active involvement of the national statistical offices is crucial for the improvement of the current situation. The involvement of national statistical offices will also help in building knowledge and competence in health statistics. Indirectly, giving the responsibility of coordination to the national statistical offices may help to improve internal coordination and collaboration between different agencies within a country.

3. Collaboration between WHO, the Statistical Commission, national statistical offices, ministries of health and the broader scientific community in meeting the methodological challenges inherent in improving health statistics should be improved in a structured way.

4. The initiative on cooperation/consultation lies with WHO. Some regional organizations could be assigned a coordinating role in the provision of statistical data from their member States to global organizations.

5. WHO should introduce strategies for practical working arrangements, i.e., data-sharing agreements and sharing of work on a more general basis in the health domain.

6. WHO should promote loyalty to definitions and concepts officially adopted by the international community of statisticians and try to complement this system rather than develop alternative measures.

7. WHO should assume the obligation of informing about and involving in its own work other institutions and organizations engaged in similar work, i.e. international organizations and national statistical offices, and of making sure that proposed plans do not conflict with already established programmes and ongoing work.

### Agreement on health standards, data sources and indicators

8. The principal relationships WHO maintains within countries are with the ministries of health. Better communication channels between all parties — the national statistical offices, the ministries of health, WHO and the United Nations in general — should be developed, so that WHO will be able to deal with both the national statistical offices and the ministries of health at the same time.

9. In future arrangements for the development of official health statistics standards, WHO should work in close cooperation with the community of official

statisticians in all stages of the preparatory work. Formal adoption would still be by WHO, as is currently the case, but the group of Friends of the Chair believes it essential that the United Nations Statistical Commission should either formally or de facto be involved in endorsing the standard prior to its final adoption by the WHO Assembly.

10. National statistical offices should either be the prime source or the principal providers of data to international databases, or they should at least have a coordinating role alongside the main data providers (such as a ministry or a separate national health statistics office). This will help to ensure quality data (including sufficient metadata) and better coordination of health statistics, both nationally and internationally.

11. Normally, WHO should not be involved in national data collection independently of health or statistics officials. It should be left to national statistical systems to translate certain internationally agreed concepts and definitions into a mix of national sources best adapted to deliver representative results in a cost-effective way and without duplication that causes additional burden for respondents. The international official statistical system has also established a procedure for national data collection that is based upon the use of data officially provided by countries through an agreed and coordinated mechanism, such as the United Nations Statistical Commission. This should not exclude the possibility of undertaking multi-purpose surveys, most often addressed to developing countries, as has been seen in the past. However, serious efforts should be made to involve the statistical community.

12. If additional data requests can be met by reprocessing existing national data in a different way, then it is up to the official statistics system of the country to decide whether to carry out the compilation. If additional data collection is required, for example, through a statistical survey, then the national statistical offices should be involved.

13. WHO should consult the official statistics community on how indicators should be measured. The selection of indicators is of major importance to national systems and it is imperative for the national statistical offices to be actively involved in the process, even if it is the policy makers who have determined what should be measured. It is clear that as long as indicators are meant to be authoritative, the fundamental principles of official statistics are applicable to all work linked to indicators, and especially to the methodological work at the core of the decision about how certain aspects should be measured.

**Transparency, dissemination and confidentiality**

14. There should be much greater transparency and openness about data sources and methods in the collection of health statistics. This is essential in order to avoid discordance in the statistics generated on the same subject by the same country because of divergent concepts, definitions, coverage, etc.

15. Documentation on concepts, scope, classifications, basis of recording, data sources and statistical techniques should be readily available to all.

16. All users, including the public, should have simultaneous access to the official statistics/results. Some countries that have participated in health surveys have not wished to make the results available to the wider community. WHO and the

Statistical Commission should therefore develop ways of encouraging countries to allow data collected in national surveys to be made widely available.

17. User needs, including the creation of international microdata sets, should be given priority. At the same time WHO and the national statistics offices or other producers of statistics have to take into account and resolve confidentiality problems that may arise when microdata are transmitted to international organizations that normally have no legal framework equivalent to national confidentiality provisions in official statistics legislation.

**Technical resources**

18. An appropriate coordination mechanism between international organizations, national statistical offices and health statistical offices should be developed for providing technical guidance and resources to developing countries. Integration of all data collection agencies at the microlevel is required in view of the present trend towards decentralized planning and policy-making. Institutional capacity-building is of great importance.

**Implementation and follow-up**

19. To be discussed and agreed upon with WHO.